PHYSICIAN'S CERTIFICATE/
IMMEDIATE TEMPORARY CUSTODY
PC-550 NEW 10/83

STATE OF CONNECTICUT

CONFIDENTIAL

COURT OF PROBATE
[*Type or print in black ink.*]

COURT OF PROBATE, **DISTRICT NO.**

IN THE MATTER OF [*Name, address, and zip code*] Hereinafter referred to as the minor child.

PHYSICIAN [*Name, address, zip code, and telephone number*]

CONN. MED. LIC. NO.

THE PHYSICIAN NAMED ABOVE CERTIFIES that:

the minor child named above is in need of immediate medical or surgical treatment, the delay of which would be life-threatening; AND

the parent, parents, or guardian of the child refuse to consent to such treatment; AND

determination of the need for temporary custody cannot await notice of hearing.

.....
Physician:

Date:

RESET